B22C (Official Form 22C) (Chapter 13) (04/10)

In re	Evette	F Minor	According to the calculations required by this statement:
	_	Debtor(s)	■ The applicable commitment period is 3 years.
Case Nu	ımber:	10-11883	☐ The applicable commitment period is 5 years.
		(If known)	\square Disposable income is determined under § 1325(b)(3).
			■ Disposable income is not determined under § 1325(b)(3).
			(Check the boxes as directed in Lines 17 and 23 of this statement.)

AMENDED

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME							
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.							
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")	me'') for Lines 2-10.					
	All figures must reflect average monthly income received from all sources, derived during the six		Column A	Column B				
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Debtor's Income			Spouse's Income			
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	0.00	\$	0.00			
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.							
	Debtor Spouse							
	a. Gross receipts \$ 2,750.00 \$ 2,750.00							
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 c. Business income Subtract Line b from Line a	\$	2,750.00	¢	2,750.00			
4	the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse							
	c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$	0.00			
5	Interest, dividends, and royalties.	\$	0.00	\$	0.00			
6	Pension and retirement income.	\$	0.00	\$	0.00			
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.	\$	0.00	\$	0.00			
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$	0.00			

9	Income from all other sources. Specify source and on a separate page. Total and enter on Line 9. Do maintenance payments paid by your spouse, but separate maintenance. Do not include any benefit payments received as a victim of a war crime, crime international or domestic terrorism.	not include alimony include all other pay ts received under the	or separate ments of alimony Social Security Ac	or	S		
		Debtor	Spouse				
	a. \$ b. \$		\$ \$		\$ 0.0	0 \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if 6 in Column B. Enter the total(s).	Column B is complete	ed, add Lines 2 thr		\$ 2,750.0		2,750.00
11	Total. If Column B has been completed, add Line 1 the total. If Column B has not been completed, ento				\$		5,500.00
	Part II. CALCULATION				ERIOD		
12	Enter the amount from Line 11					\$	5,500.00
13	Marital Adjustment. If you are married, but are no calculation of the commitment period under § 1325 enter on Line 13 the amount of the income listed in the household expenses of you or your dependents income (such as payment of the spouse's tax liabilit debtor's dependents) and the amount of income dev on a separate page. If the conditions for entering the b.	(b)(4) does not require Line 10, Column B to and specify, in the ling or the spouse's supported to each purpose.	re inclusion of the hat was NOT paid es below, the basis out of persons othe If necessary, list	income of on a reg s for excl er than th	of your spouse, ular basis for uding this ne debtor or the		
	Total and enter on Line 13					\$	0.00
14	Subtract Line 13 from Line 12 and enter the resu	ılt.				\$	5,500.00
15	Annualized current monthly income for § 1325(b enter the result.	(4). Multiply the an	nount from Line 14	by the 1	number 12 and	\$	66,000.00
16	Applicable median family income. Enter the median information is available by family size at www.usdo						
	a. Enter debtor's state of residence:	b. Enter deb	tor's household siz	ze:	6	\$	94,194.00
	Application of § 1325(b)(4). Check the applicable	box and proceed as d	irected.				
17	 ■ The amount on Line 15 is less than the amount op of page 1 of this statement and continue wit □ The amount on Line 15 is not less than the amount on Line 15 is not less than the amount on Line 15 is not less than the amount on Line 15 is not less than the amount on Line 15 is not less than the amount of Line 15 is not less than the amount of Line 15 is less than the line 15 is less than th	h this statement.					•
	at the top of page 1 of this statement and contin			пс арри	caoic commitmen	n peri	od is 5 years
	Part III. APPLICATION OF § 13	25(b)(3) FOR DETE	ERMINING DISP	OSABL	E INCOME		
18	Enter the amount from Line 11.					\$	5,500.00
19	Marital Adjustment. If you are married, but are not any income listed in Line 10, Column B that was N debtor or the debtor's dependents. Specify in the lin payment of the spouse's tax liability or the spouse's dependents) and the amount of income devoted to e separate page. If the conditions for entering this adjust.	OT paid on a regular es below the basis for support of persons of each purpose. If necessustment do not apply	basis for the house excluding the Co her than the debto sary, list additiona	chold explumn B in the contract or the contract of the contract of the contract of the contract or the contrac	penses of the ncome(such as lebtor's		
	Total and enter on Line 19.	\$					
20		.I. 10.5 I.	10 1	14		\$	0.00
20	Current monthly income for § 1325(b)(3). Subtraction	ct Line 19 from Line	18 and enter the re	esuit.		\$	5,500.00

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21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						66,000.00
22	Applicable median family incom	ne. Enter the amount from	m Lin	e 16.		\$	94,194.00
23	Application of § 1325(b)(3). Che ☐ The amount on Line 21 is me 1325(b)(3)" at the top of page ☐ The amount on Line 21 is no 1325(b)(3)" at the top of page	ore than the amount on e 1 of this statement and t more than the amount	Line comp	22. Check the box for "Dilete the remaining parts of time 22. Check the box for	this statement. "Disposable income is no	t deterr	nined under §
				DEDUCTIONS FR	-		,, 02 120
	Subpart A: D	eductions under Star	ndar	ds of the Internal Reve	nue Service (IRS)		
24A	National Standards: food, appa Enter in Line 24A the "Total" am applicable household size. (This bankruptcy court.)	ount from IRS National	Stand	ards for Allowable Living	Expenses for the	\$	
24B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						
	Household members under 65 years of age		Household members 65 years of age or older				
	a1. Allowance per member		a2.	Allowance per member			
	b1. Number of members		b2.	Number of members			
	c1. Subtotal		c2.	Subtotal		\$	
25A	Local Standards: housing and u Utilities Standards; non-mortgage available at www.usdoj.gov/ust/	e expenses for the application	able c	ounty and household size.		\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent Expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47						
	c. Net mortgage/rental exper Local Standards: housing and u		VOIL C	Subtract Line b fr		\$	
26	25B does not accurately compute Standards, enter any additional accontention in the space below:	the allowance to which	you a	re entitled under the IRS H	Iousing and Utilities	\$	
27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are					\$	

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27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gc court.)	\$	
28	e 1. Check the number of vehicles for which ship/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average ne 47; subtract Line b from Line a and enter		
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$	
	b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$
29	*		
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$	
	b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	\$ Subtract Line b from Line a.	\$
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			\$
Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			\$
Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			\$
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.			\$
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$
36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.		
37	Other Necessary Expenses: telecommunication services. Enter the actually pay for telecommunication services other than your basic hor pagers, call waiting, caller id, special long distance, or internet service welfare or that of your dependents. Do not include any amount previous	ne telephone and cell phone service - such as e-to the extent necessary for your health and	\$
38	Total Expenses Allowed under IRS Standards. Enter the total of L	ines 24 through 37.	\$
	Subpart B: Additional Living	Expense Deductions	
	Note: Do not include any expenses that	′ <u>=</u>	

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		Insurance, Disability Insurance, and Health S egories set out in lines a-c below that are reasonal ents.			
39	a.	Health Insurance	\$		
	b.	Disability Insurance	\$		
	c.	Health Savings Account	\$		
	Total ar	nd enter on Line 39	_	:	\$
	If you of below:	do not actually expend this total amount, state y	your actual total average monthly expenditu	res in the space	
	\$				
40	expense	tual monthly ly, chronically y for such	\$		
41		that you ces Act or other	\$		
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				
43	school l	econdary with nable and	\$		
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			fational usdoj.gov/ust/ imed is	\$
45	contribu	able contributions. Enter the amount reasonably utions in the form of cash or financial instrument: 1)-(2). Do not include any amount in excess of	s to a charitable organization as defined in 2	26 U.S.C. §	\$
46	Total A	Additional Expense Deductions under § 707(b).	Enter the total of Lines 39 through 45.		\$

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		Subpart C: Deductions for	Debt Payment					
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.							
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance				
	a.	+	Total: Add Lin	□yes □no	\$			
48	payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
	Name of Creditor	Property Securing the Debt		of the Cure Amount				
	a.		\$	Total: Add Lines	\$			
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.							
50	a. Projected average mon b. Current multiplier for y issued by the Executive information is available the bankruptcy court.) c. Average monthly admi	\$						
51	Total Deductions for Debt Pa	yment. Enter the total of Lines 47 through	gh 50.		\$			
		Subpart D: Total Deduction	s from Income					
52	Total of all deductions from i	ncome. Enter the total of Lines 38, 46, and	nd 51.		\$			
	Part V. DETE	RMINATION OF DISPOSABL	E INCOME UN	DER § 1325(b)(2	2)			
53	Total current monthly income	Enter the amount from Line 20.			\$			
54	payments for a dependent child	onthly average of any child support payme, reported in Part I, that you received in a excessary to be expended for such child.			\$			
55		ons. Enter the monthly total of (a) all amore ified retirement plans, as specified in § 50 specified in § 362(b)(19).			f \$			
56	Total of all deductions allowe	d under § 707(b)(2). Enter the amount f	rom Line 52.		\$			

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	there If nec	action for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstances and cessary, list additional entries on a separate page. Total the expenses ide your case trustee with documentation of these expenses and ge special circumstances that make such expense necessary and re-	the result s and enter you must	ting expenses in lines a-c below. r the total in Line 57. You must provide a detailed explanation		
57		Nature of special circumstances	Amo	ount of Expense		
	a.		\$			
	b.		\$			
	c.		\$ Tota	l: Add Lines	\$	
58	Total result	\$				
59	Mont	thly Disposable Income Under § 1325(b)(2). Subtract Line 58 fro	om Line 53	and enter the result.	\$	
		Part VI. ADDITIONAL EXP	ENSE (CLAIMS		
	of you 707(b	er Expenses. List and describe any monthly expenses, not otherwise ou and your family and that you contend should be an additional ded b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paritiem. Total the expenses.	luction fro	om your current monthly income	unde	r §
60		Expense Description		Monthly Amount]	
	a.			\$		
	b.			\$		
	c. d.	+		\$ \$		
	u.	Total: Add Lines a, b, c a	nd d	\$		
	u.	Total: Add Lines a, b, c an Part VII. VERIFICA'		\$		
61	I decl		TION tatement is		nt ca	se, both debtors